

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/869122

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		2				
6		2				
7	1					
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TOTAL D.	6					
TOTAL EP.	4					
TOTAL AIMS	10					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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